



Country Support Policy Brief-2

Meeting Basic Needs for Women and Girls with Disabilities during COVID-19



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The unprecedented global crisis that has resulted from the spread of the COVID-19 pandemic is deepening pre-existing inequalities and exposing cracks in our social, economic, political and health systems. The pandemic is exacerbating systemic discrimination experienced by populations made vulnerable as a result of existing structures of oppression such as ableism, patriarchy, racism, and classism.

Women and girls with disabilities experience multiple and intersecting forms of discrimination and exclusion, which has an impact on their ability to meet basic needs even in normal times. Women with disabilities are three times more likely to have unmet healthcare

needs, three times more likely to be illiterate, two times less likely to be employed and two times less likely to use the internet in comparison to men without disabilities.¹ They are further at least two to three times more likely than other women to experience violence, including by family, intimate partners, caregivers, and institutional facilities.²

These pre-existing circumstances are then amplified in times of crisis, including so far during the COVID-19 pandemic. In March and April 2020, Women Enabled International (WEI)³ conducted an online qualitative survey of issues impacting women, girls, non-binary, trans, and gender non-conforming (TGNC) persons with disabilities, which received 100 responses from around the world. These individuals identified that COVID-19 had had a significant impact on their ability to meet basic needs, achieve an adequate standard of living, and live independently, including because of issues

¹ UN DESA flagship report <https://www.un.org/development/desa/disabilities/publication-disability-sdgs.html>

² U.N. General Assembly, *Report of the Special Rapporteur on violence against women, its causes and consequences*, U.N. Doc. A/67/227 (2012).

³ Women Enabled International is an international non-governmental organization working to advance rights at the intersection of gender and disability worldwide, to respond to the lived experiences of women and girls with disabilities, promote inclusion and participation, and achieve transformative equality.

related to employment and income, access to support services and assistive devices, access to public transportation, and access to assistance from friends, family, and the public.⁴

The present country support policy brief will discuss some of the findings from this survey to illustrate how the pandemic worsens existing realities of marginalized communities and will provide recommendation to stakeholders, in particular UN agencies and UN Country Teams and their partners, on how to mitigate adverse effects of pre-existing inequalities faced by women, girls and TGNC persons with disabilities, including on how to engage with networks and organizations as active agents in the process of ‘building back.’

Impact of COVID-19 on Meeting Basic Needs

Employment and income

Under normal circumstances, women, girls, non-binary, TGNC persons with disabilities face various systemic barriers that limit their access to decent work and employment. For example, girls with disabilities are less likely than their male peers with disabilities to attend school, making them less likely to find formal employment. Lack of opportunities to participate in the formal economy force women, girls, non-binary, and TGNC persons with disabilities into a vicious cycle of poverty. People with disabilities also face compounding discrimination at the workplace – based on their sex, gender identity and expression and disability – which results in higher rates of sexual harassment at work, unequal pay, as well as physical, information and communications barriers, among others.⁵ With these structural barriers limiting their full participation in the formal economy, many women and TGNC people with disabilities seek employment in the informal sector under precarious and unregulated environments, and where they are less likely to receive healthcare, a living wage, and other employment related benefits.

Furthermore, unemployment leads to circumstances where these individuals are dependent on family, intimate partners, and caregivers for income and support, which puts them at heightened risk of violence and abuse.⁶

As a result of COVID-19, the majority of Survey respondents (57) shared that they had lost their jobs or had to take sick leave due to the pandemic, had found the job market was not friendly to them obtaining other employment, and/or were having financial hardships as a result of the pandemic. Those who worked as entrepreneurs, freelancers, or in the informal sector—a significant portion of those living at the intersection of gender and disability worldwide—reported particular concerns, as in addition to losing their income, many were not eligible for adequate social protection from their governments. These changes in employment status and access to income, alongside pre-existing circumstances of vulnerability and marginalization, push women, non-binary, and TGNC persons with disabilities into even more unstable situations.

Access to Formal and Informal Support Services

Persons with disabilities depend on a range of support services, such as personal assistance, sign and tactile interpretation, peer support, accessible public transportation, among others to live independently. Where formal support services are not available, they rely on informal sources of support—such as friends, family, or members of the community—to assist with navigating inaccessible environments and to otherwise meet needs related to, for instance, personal hygiene and the purchase and preparation of food. This web of formal and informal services provides these individuals with the support they need to live independently and be included in the community.

To mitigate the current public health crisis, governments around the world have been imposing restric-

4 For full results from this survey, see Women Enabled International, *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey, March to April 2020* (May 2020), <http://bit.ly/WEICOVIDReport>.

5 Committee on the Rights of Persons with Disabilities, *General Comment No. 3: Article 6: Women and girls with disabilities*, U.N. Doc. CRPD/C/GC/3 (2016).

6 See, e.g., Matthew J. Breiding & Brian S. Armour, *The association between disability and intimate partner violence in the United States*, 25(6) *Ann. Epidemiol.* 455 (2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692458/>

tions in movement to curb the spread of the virus. This has an adverse impact on communities that rely on support services to live their lives. Nearly one-third of Survey respondents (32) indicated that the COVID-19 crisis and their government's response had decreased their access to technical assistance, personal assistance, wheelchair replacement and repair, and accessibility services such as Sign Language interpreters.

Some Survey respondents also identified that accessible forms of public transportation in their communities had either stopped running or had become unaffordable, which meant they had been cut off from stores and services to meet their needs. Social distancing rules and restrictions on movement have also cut off these individuals from family, friends, and community members on whom they relied for support. For instance, two visually impaired women noted that members of the public were no longer willing to assist them in crossing the street, including to go to the grocery store. At the same time, some Survey respondents indicated that they had had to become more reliant on intimate partners and family to meet their basic needs due to the loss of formal support services, a dependence that can cause friction in these relationships and make these individuals more susceptible to violence, abuse, and exploitation.

This decreased access to services and the community has had an impact on meeting even the most basic needs, including those related to food, sanitation, and hygiene, as well as social and psychological needs. As one respondent put it, "I fear I may run out of food. I was not prepared for this. The government is distributing food only in the city centre."⁷ Another reported, "Before, I had a person who helped me change and bathe every day. With this situation the service is not available and I feel powerless to handle my own hygiene."⁸

⁷ A woman from Uganda.

⁸ Rosario, a woman with muscular dystrophy, age 23, Argentina, translated from Spanish ("Antes tenía una persona que me asistía a cambiarme y bañarme todos los días. Con ésta situación se hace imposible el servicio y me siento impotente frente a mi propia higiene.").

⁹ See, e.g., U.N. Commission on Human Rights, *Women and adequate housing: Study by the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living*, Miloon Kothari, para. 64, U.N. Doc. E/CN.4/2005/43 (2005), https://www.un.org/womenwatch/enable/E-CN4-2005-43_Housing.pdf.

¹⁰ Universal Declaration of Human Rights, adopted Dec. 10, 1948, art. 25, G.A. Res. 217A (III), U.N. Doc. A/810 at 71 (1948); International Covenant on Economic, Social and Cultural Rights, adopted Dec. 16, 1966, art. 11, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966) (entered into force Jan. 3, 1976).

In addition to this, given the unprecedented nature of this crisis, there is a considerably high volume of crucial information that is being shared with the public regarding restrictions on movement, public health information, and policy changes. Reliable information about these changes is not always provided in a variety of formats and accessible places, including via sign language interpretation, plain language formats, on TV and radio, on social media, and in public displays and posters, meaning that women, girls, non-binary, and TGNC persons with disabilities may not have access to this information.

Without the ability to meet basic needs, persons with disabilities are also more vulnerable to being placed in long-term residential care institutions, in violation of their right to independent living. Women, girls, non-binary, and TGNC persons with disabilities may be especially vulnerable, as they are more likely to lack employment and other financial means to live in the community and may receive less support from family than men with disabilities.⁹ While institutionalized, these individuals are also more vulnerable to violence and abuse as well as to COVID-19.

Human Rights Obligations and Other International Guidance

International human rights treaties and other guidance documents provide a framework under which States should implement a gender- and disability-inclusive response to the COVID-19 crisis.

- For instance, the Universal Declaration of Human Rights and the International Covenant on Economic, Social, and Cultural Rights provide that all persons have the right to an adequate standard of living, which includes the right to have their basic needs met, including those related to water, hygiene, food, and shelter.¹⁰

Women and persons with disabilities also have a right to social protection without discrimination, and States must in particular ensure that women and girls with disabilities have access to social protection measures to ensure an adequate standard of living.¹¹

- Under the Convention on the Rights of Persons with Disabilities, persons with disabilities further have a right to live in the community, including “access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.”¹²
- In 2019, the Inter-Agency Standing Committee adopted Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action include specific guidance on ensuring access to food, water, hygiene, livelihoods, and other protection for persons with disabilities, including women and girls with disabilities, during times of crisis.¹³
- The Beijing Declaration and Platform for Action includes actions focusing on ensuring that States enhance the self-reliance, access to support services, equity and positive action programmes to address systemic discrimination against women with disabilities in the labour force, as well as on improving methods of data collection on the participation of women and men with disabilities.¹⁴
- The 2030 Agenda for Sustainable Development contains a standalone goal on gender

equality and the empowerment of all women and girls and includes persons with disabilities in the SDGs related to poverty, hunger, education, washing, sanitation and hygiene (WASH), economic growth and employment, inequality, accessibility of human settlements, and data, monitoring and accountability.¹⁵

Advising States to Take Action

UN-Women has a significant role and coordination function to play in ensuring States’ COVID-19 response efforts address the barriers faced by persons with disabilities on the grounds of sex, gender identity and expression and disability. In particular they can:

- Ensure that a multidimensional lens¹⁶ is incorporated in country assessments to understand the discrimination and marginalization experienced by women, girls and TGNC persons with disabilities to inform national policies, including those related to COVID-19 response and recovery social protection programmes and policies
- Ensure that all guidance provided to States recognizes the particular impact of COVID-19 on women, girls, non-binary, trans, and gender non-conforming persons with disabilities and takes a twin-track approach to recommending action, ensuring that these individuals are included in mainstream immediate response and long-term recovery efforts and that efforts are targeted specifically at the intersection of gender and disability. Immediate responses include, alleviating economic pressures through cash transfers, providing basic public health information in accessible formats, meeting

¹¹ Convention on the Elimination of All Forms of Discrimination against Women, adopted Dec. 18, 1979, art. 13, G.A. Res. 34/180, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46, U.N.T.S. 13 (entered into force Sept. 3, 1981); Convention on the Rights of Persons with Disabilities, adopted Dec. 13, 2006, art. 28, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/61, (entered into force May, 3 2008).

¹² CRPD, art. 19.

¹³ <https://interagencystandingcommittee.org/system/files/2019-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019.pdf>

¹⁴ Beijing declaration and platform for action: adopted by the Fourth World Conference on Women: action for equality, development and peace, Beijing, China, 4-15 September 1995. (1995). Beijing: United Nations, paragraph 206(k) <http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>

¹⁵ United Nations, General Assembly, Report of the Secretary General on the Situation of women and girls with disabilities and the Status of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto, A/72/227, available at: <http://undocs.org/A/72/227>

¹⁶ UN-Women. 2018. Turning promises into action: Gender Equality and the 2030 Agenda for Sustainable Development, chp. 4

hygiene and food-related needs, and ensuring information is available in accessible formats.

UN-Women and other entities may advise its national and local government partners to:

- Ensure the leadership of women, girls, non-binary, trans, and gender non-conforming persons with disabilities, through active consultation, in planning for and implementation of the COVID-19 government and healthcare response and recovery plans.
- Undertake particular efforts to reach women, girls, non-binary, trans, and gender non-conforming persons with disabilities with social protection measures, including through campaigns that provide information in a variety of accessible formats, and ensure that social protection goes directly to these individuals rather than to families or partners.
- Collect, utilize and disseminate data and evidence that is disaggregated by sex, gender identity, and disability, among other factors to develop, implement and advocate for social protection measures related to COVID-19.
- Ensure the continuity of support services and provide adequate and accessible guidance to caregivers to ensure the safety of all those involved.¹⁷
- Ensure that movement restriction and physical distancing orders factor in the role community support systems play in facilitating access to basic needs, such as food and sanitation, for people with disabilities.
- Decrease the risk of violence for women, girls, non-binary, trans, and gender non-conforming persons with disabilities by ensuring that disability-related support services are classified

as essential services during COVID-19 lockdowns, stay-in-place orders, or other restrictions on movement and ensure a streamlined process for obtaining any needed permits for movement for these service providers.

For further information and to share feedback please contact us at: disability.inclusion@unwomen.org

For further information about Women Enabled International, please contact: info@womenenabled.org

¹⁷ Secretary General Policy Brief: A Disability-Inclusive response to COVID-19, available at: https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2020/05/sg_policy_brief_on_persons_with_disabilities_final.pdf